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**** CONTINUING DATA *******

This application is a CON of 09/911,341 07/23/2001 PAT 6,653,091
 which is a CON of 09/405,976 09/27/1999 PAT 6,326,160
 which is a CIP of 09/241,929 02/01/1999 ABN
 which is a CIP of 09/198,039 11/23/1998 ABN
 which is a CIP of 09/163,856 09/30/1998 PAT 6,180,416

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 10/22/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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TITLE

METHOD AND DEVICE FOR PREDICTING PHYSIOLOGICAL VALUES

FILING FEE RECEIVED 1518	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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